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| **ORGANIZATION INFORMATION** | | |
| Organization: | | |
| President/CEO: | | |
| Name of Signature Authority: | | |
| Email Address: | | |
| Organization Address: | | |
| City: | Zip Code (9 digits) [ZIP Code™ Lookup | USPS](https://tools.usps.com/go/ZipLookupAction_input?_gl=1*q4wy0r*_ga*OTE0OTg0NDE5LjE2NTgzMzk1ODM.*_ga_3NXP3C8S9V*MTY1ODMzOTU4My4xLjEuMTY1ODMzOTY1Ny4w): | |
| Phone: | Website: | |
| County: | Unique Entity ID (SAM) [GSAFSD Service Portal Landing - GSA Federal Service Desk Service Portal](https://www.fsd.gov/gsafsd_sp) | |
| Federal Tax ID No. | Supplier ID No. [Supplier Login (ohio.gov)](https://supplier.ohio.gov/wps/portal/sp/suppliers/login/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8ziDRw9PT0sLQz8_L0DjQ0C3T2M_Jx9TY3NfE30vfSj8CgwMwWZYFTk6-ybrh9VkFiSoZuZl5avH5GRn5uqm5iXn6cfrh9FyAioAhzA0UC_IDsqySzIUREA1H6uOg!!/dz/d5/L2dBISEvZ0FBIS9nQSEh/) | |
| **PROJECT INFORMATION** | | |
| Contact Person for the Project | | |
| Phone: | E-mail: | |
| Check the number (s) of the TANF purpose for your program.   1. To provide assistance to needy families so that children may be cared for in their own homes   or in the homes of relatives.   1. To end the dependence of needy parents on government benefits by promoting job   preparation, work and marriage.   1. To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual   numerical goals for preventing and reducing the incidence of these pregnancies.   1. To encourage the formation and maintenance of two parent families. | | |
| Brief Project Description (Project Purpose): | | |
| Description of Grant Activities (Actual Work to Be Performed to Achieve the Purpose): | | |
| Deliverables (Projected Outcomes of Activities/Services Delivered Including Quantifiable Metrics): | | |
| Indicate the type of information/data that will be collected to demonstrate success of the project: | | |
| Target Audience must meet TANF eligibility requirements. Include a brief description of the target audience that will be served by the provider: | | |
| If your agency plans to charge for indirect costs greater than 10% you must have a federally approved indirect cost rate/plan (If yes, check here and attach the rate/plan) | | Yes  No |
| Signature of Applicant: | | Date: |